

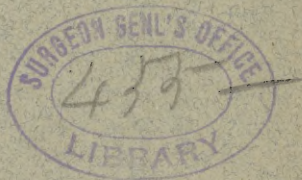
SHURLY (E.L.)

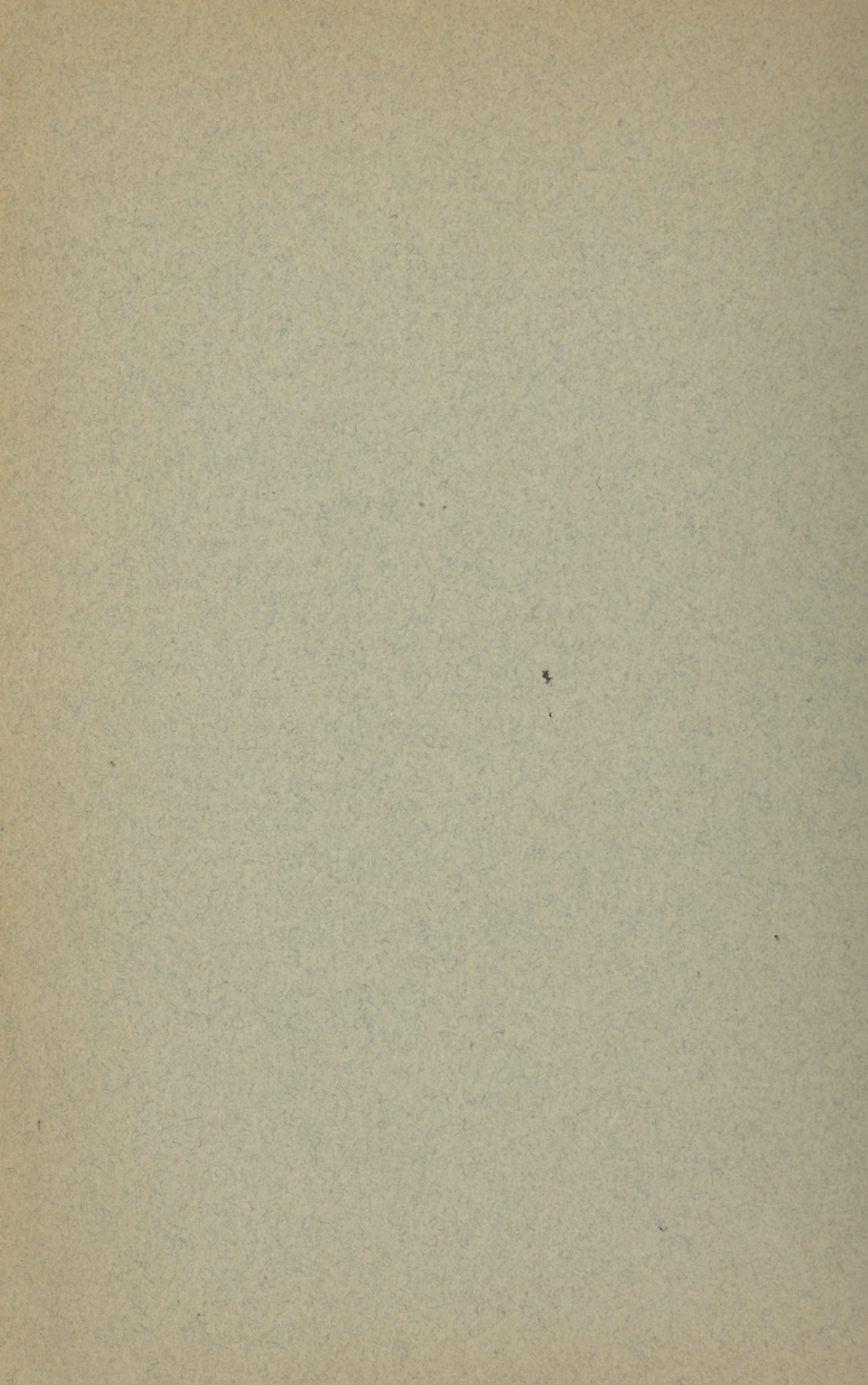
al

ATROPHIC PHARYNGITIS OR PHARYN-
GITIS SICCA

{ presented
BY
✓
E. L. SHURLY, M. D.
DETROIT

[Reprinted from ARCHIVES OF LARYNGOLOGY, Vol. I, No. 3, 1880]





ATROPHIC PHARYNGITIS OR PHARYNGITIS SICCA.*

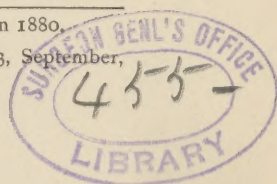
THIS very troublesome and often incurable morbid condition deserves, it seems to me, more attention than it has hitherto received—judging from the amount of literature on the subject which I have been able to examine—and, therefore, I desire briefly to introduce a point or two for discussion to-day.

Its symptomatology and pathology are apparently so unanimously understood that their consideration need not detain us, but the etiology and therapeutics are undoubtedly only partially developed.

Most authors dismiss the former part of the subject with stating that “atrophic pharyngitis” is the ultimate stage of chronic pharyngeal, or naso-pharyngeal catarrh, or one of the concomitant expressions of senility, to which may be added the local irritant effect of inspiring through the mouth either simple air or various kinds of dust, while a few ascribe many cases to the scrofulous diathesis. Now this is all true as far as it goes; but these conclusions must be based upon false premises, unless every case of chronic pharyngeal or naso-pharyngeal catarrh, by continuance, will thus terminate; or every case of senility, or local irritation by inspired air or dust, will present this atrophic change in the mucous membrane of the pharynx, with or

* Read before the American Laryngological Association, Session 1880.

Reprinted from ARCHIVES OF LARYNGOLOGY, Vol. I, No. 3, September, 1880.



without active scrofulous manifestations. It is scarcely necessary to introduce statistics in order to undermine such an untenable position as this, but I will roughly state that of about 200 patients, of all ages, under treatment for various diseases (both hospital and private), whose pharynges I examined, nearly one-half presented the objective symptoms of pharyngeal or naso-pharyngeal catarrh, or folliculous pharyngitis; and of these, there were only three with well-marked appearances of pharyngitis sicca. Most of these cases were chronic ones, and the great majority, persons in middle or advanced life.

At the Throat Department of St. Mary's Hospital Dispensary, where are treated, on an average, between twenty to thirty patients daily for nose and throat affections, we do not find more than one in ten with well-marked atrophic pharyngitis. Again, of a number of aged persons whose pharynges I inspected (not complaining of the throat), there was no evidence of particular atrophy of the mucous membrane of the pharynx.

Therefore, it appears to me, in the light of this experience, that this morbid condition is neither always an ultimate stage of chronic pharyngeal catarrh, or folliculous pharyngitis; nor an accompaniment of old age; nor a condition depending upon so-called scrofula, but a local change which depends not only upon previous disease of the mucous membrane, but upon some peculiar constitutional defect also. In a large majority of the cases which have come under my observation, I have noticed either functional or organic derangement of the stomach or allied organs, and in one or two, a constant tendency to rheumatism; while in few only could the real cause be ascribed to the inhalation of dust, or breathing through the mouth. If scrofula, so-called, were an important factor in the etiology, surely, in dispensary practice, where scrofulous subjects are so strongly represented, we ought to find many cases, which, however, is not my experience.

I therefore believe that before any plan of local treatment is instituted, a very careful investigation of the vital status of the patient should be made, particularly the

primæ viæ, and a proper systematic treatment at once be adopted.

In cases of enfeeblement of the circulatory apparatus—attended or not with asthma or emphysema—I prescribe iron and digitalis, in addition to other treatment. The greatest attention, however, ought to be bestowed upon the digestion and assimilation of food. For this purpose all aids to digestion, where needed, should be constantly kept up; and I find that among the remedies which thus act, *cornin* and *xanthoxylin* (prickly ash) alone, or combined with an acid, are the best. Tincture of calumba and Fowler's solution of arsenic, are also highly beneficial in some cases; while in those the subjects of malarial toxæmia, the sulphate or phosphate of quinine is indicated. In those cases characterized by a constant deficiency or perversion of the hepatic and intestinal secretions, I have found, in addition to general tonic treatment, the use of several large doses of ammonium chloride or sodium phosphate yield excellent results. Cod liver oil and iodine are, of course, indicated in some instances, but great care is necessary in their use, lest by an unfavorable effect upon the stomach, our greatest desire is defeated.

Hygienic treatment and avoidance of all impure air must, of course, be enjoined.

Regarding local treatment, it must be admitted that its effects are too often transient; however, it is not without benefit in almost all cases, for it will relieve more or less that very annoying feature, dryness. Applications of iodine, nitrate of silver, sulphate of copper, petrolina oil, and the galvanic current, have proved most beneficial in my hands. The last—galvanism—I have tried of late quite thoroughly in three cases, with promising results. In one, the case of a lady, aged sixty, the dryness of the pharynx was a cause of terrible distress, she being obliged to rise two or three times in the night to lubricate the throat. Having tried in vain many different agents, I applied as an experiment a constant current—increasing from one to seven cells—from a "Grenet battery." A pharyngeal electrode attached to the positive pole was applied daily for two

weeks, and then every other day, or twice a week, for a period of three months. This gave marked relief—in conjunction with the general treatment—which, so far, is permanent, and it is now over two months since the last application. I will state, however, that she still uses occasionally tablets of muriate of ammonia.

Of the other two cases, the relief was more marked in one, resulting in almost a cure of the subjective symptoms, while in the second, now under treatment, very little relief can be noticed. Both of these were younger. I have tried galvanism in a few other cases, but not constant enough to afford fair clinical data. The great objection to this plan of treatment seems to be the intolerance, by some, of the presence in the pharynx of the electrode, which I found in two instances could not be overcome. It is probably unnecessary to state that the fauces are to be cleansed by spray before the electrode is applied. The duration of the sittings will vary, according to the tolerance of the patient, from three to ten minutes.

It is obvious that the restoration of physiological function in portions of mucous membrane thoroughly atrophied cannot be expected; our only aim is to stimulate that portion which has yet some activity, to the performance of the necessary work; and this, I believe, can be accomplished in many cases by a well selected and persistent course of general and local treatment.

ARCHIVES
OF
LARYNGOLOGY

EDITED BY
LOUIS ELSBERG, M. D.,

NEW YORK,

IN CONJUNCTION WITH

J. SOLIS COHEN, M. D.,
PHILADELPHIA,

FREDERICK J. KNIGHT, M. D.,
BOSTON,

GEORGE M. LEFFERTS, M. D.,
NEW YORK,

and Dr. BOECKEL, Strassburg; Dr. FOULIS, Glasgow; Prof. GERHARDT, Würzburg; Dr. HEINZE, Leipzig; Prof. KRISHABER, Paris; Dr. MORRELL MACKENZIE, London; Prof. OERTEL, Munich; Dr. SMYLY, Dublin; and Prof. VOLTOLINI, Breslau; Prof. BUROW, Königsberg; Dr. LABUS, Milan

It is believed that the time has come for the publication of a journal devoted to the specialty of Laryngology. So much has been achieved in this department of Medicine during the last twenty years, that in the regard of both the profession and the lay public it has acquired recognition and a certain amount of independence. In the further advance in every right direction the *Archives* are intended to give important aid. None of the existing medical journals can occupy its place; it competes with none, and supplements all. It is to be a bond of union between the specialists themselves, and also between them and the general profession. Such a means of communication and interchange of ideas, constituting at the same time a depository of contributions of permanent merit and a mirror of the progress of the specialty as reflected in a comprehensive digest of periodical and other literature in every part of the world, cannot fail to be of value from a scientific as well as a practical point of view.

The scope of the *Archives* embraces Human and Comparative Morphology and Physiology of the Throat, and Pathology and Therapeutics of Throat Diseases, in the widest signification of these terms.

All contributions are original. The contents are arranged in three departments, which are

I. New Contributions to Literature, viz.,

- a.* Leading articles, comprising Monographs and accounts of cases with remarks.
- b.* Clinical Notes, being a briefer record of interesting cases.
- c.* Society Transactions, *i.e.*, Reports of the proceedings of Laryngological Societies, or of matters relating to Laryngology occurring in other societies and not previously published.

II. Report of Contemporary Literature, viz.,

- a.* Reviews and Notices of Books and Pamphlets.
- b.* Digest of the Literature of every part of the world.

III. Miscellany, viz.,

News Items Editorial Announcements and Answers to Correspondents,—the latter being planned particularly for communication between specialists and general practitioners.

The *Archives of Laryngology* is handsomely printed in large octavo form, each number containing 96 pages, and the articles are fully illustrated wherever their subjects render this desirable.

It is issued quarterly, at the price per number of \$1.00, and the subscription per year of \$3.00

G. P. PUTNAM'S SONS, 182 Fifth Avenue, New York.

London. N. TRUEBNER & CO., 59 Ludgate Hill,

Paris. J. B. BAILLIÈRE, 19 Hauteleville.